Time Log/Program / Area: __2048-- Boston Drug Lab

oyee Name:		·			,			Wee	k Ending:	March '	13, 2010		***	
yee name.	Day:	Sunday 03/07/10	Monday 0	3/08/10	Tuesday 0		Wednesda	y 03/10/10	Thursday (3/11/10	Friday 03/1	2/10	Saturday 0)3/13/10
ett,Kate	In – Out		(P4)	2046	1 (14)	2:45	MY)	3:45	345	24	1047	3/0		
000 11/11/11/11	Lunch: Out – In		R:00	2,30)		(9,01)	123	1200	12:30	720	-30 U	200	
oyee Signature	Outside Duty: From – To				SUHOIK 840	1225			3,000				#63	
nent exceptions or comments, indica nt.	ate type and						All to see all to						200	
han,Annie	Day: In – Out		6.45	320	6:45	3,2	6:45	350	6:45	330	6145	400		
000	Lunch: Out – In		1200	1230	1200	1235	1200	1230	120-3	\2 ³)	nos	1230	7 TO 10 TO 1	
Dyne / W	Outside Duty: From – To													
nent exceptions or comments, indicant.	ate type and													
n, Stacey	Day: In – Out		8:15	4:15	8:40	4:40	740	3:40	8:40	4:40				3.257
0263	Lunch: Out – In		,	12:30	12:00	12:30	1200	12:30	2:00	17:37				
yee Signature	Outside Duty: From – To									0				
nent exceptions or comments, indica tt	ate type and			I.,							510			777 (M) 7
a,Daniela	Day: In – Out	Annual Control of the			6145	2:48	6:45	2:48	6:45	2 Net	1 - 5	2:48		
000	Lunch: Out – In				1:10	1:40		1:00	12:15		12130			
oyee Signature	Outside Duty: From – To							,	16.10		1200	1 cerul		
nent exceptions or comments, indica t.	ate type and		51c	5										

Folk_OlG_PRR_002789

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oyee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

yee Name:	- 1	Sunday 03/07/10	Manday 02/00/45	T =		k Ending: March	<u> </u>	
	Day:	Sunuay 05/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Lisa	In – Out		645245	6.452.45	6:45 2:45	6,452,45	6:45 234	
00 11/2000	Lunch: Out – In		12:00 12:30	12:00 1230	1200 1230)12760 121.75	12:00 12:20)
ree Signature	Outside Duty: From – To						1.00	
ent exceptions or comments, indica	ite type and				·			
, Michael	Day: In – Out		800 400	800 500	740 240	800 400	750 350	745 345
30 hot Jank	Lunch: Out – In		235 308	220 250	100 130	230 300	140 710	130 200
ree Signature	Outside Duty: From – To							
nt exceptions or comments, indica	ate type and							077.5
ı, Nicole	Day: In – Out		7.10 3:50	8AM 3:30	73, 335	730 330	755 350	7030
	Lunch: Out – In		12 1230	12 1230	12 1230	120 130	12 1230	100 30
ree Signature	Outside Duty: From – To						10 10	7190 Y=9
ent exceptions or comments, indica	ate type and			05 Vac				OT 7.5,
n, Elisbeth	Day: In – Out		125 500	- 32 JZ	79 426	730 700	730 334	
00 Labali M	Lunch: Out – In		1100 1230	1/30/200	1/3/200	130 300	(130 1200	
ree Signature	Outside Duty: From – To					V W		
ent exceptions or comments, indica	ate type and		CIH 1.0	2	VACIO	(cm)	+1.0 com	

Folk_OIG_PRR_002790

yee signatures on this time sh	eet certify the emp	oloyee has pe	erformed the	work associ	ated with the	account(s) li	sted.		Log/Progra			-			
yee Name:		Sunday (13/07/10	Monday (32/09/40	T 00	100140	·		γ	March 1				
	Day:	Calluary	9101110	Monday (Tuesday 03		Wednesday		Thursday	03/11/10	Friday 03/1	2/10	Saturday 0	3/13/10
, Gloria	In – Out		1879 200	8:35	4:35	9700	5100	8150	4153						
2 - DM-	Out – In		100	12110	12:40	12:10	12:40	50.'61	12/37	/					
ee Signature	Outside Duty: From – To		ar.												
nt exceptions or comments, indic	ate type and	g e							·	CMT	7.5	- 510 F.	5 /		
ter	Day: In – Out			705	385	1730	130			730	330	715	215	1.45	7.44
00	Lunch: Out – In			1230	100					12-	123	17-	(230	12:00	195
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nt exceptions or comments, indic		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Pages 2008			VAC.	<u> </u>	SIF	7,5					07	2.5
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501.	Lunch: Out – In			12 00	1230	1245	115	1215	1245	1200	/330	80.61	1230		200 m
ee Signature	Outside Duty: From – To		ESTA	Dedha 800	1030	5.4.1V 840	1225						.,,	Section Const	
nt exceptions or comments, indic	cate type and														
rs, Della	Day: In – Out			6:45	2045	6:45	2:45	645	2:45	6:45	2:40	6:45	11:15	6,45	24
Fally Sugar	Lunch: Out – In			1145	2:15	1:15	1:45	1:30	2:00	1:10	1:40	11:00	1,30	1:00	j30
// LMU/JUM/W () ee Signature	Outside Duty: From – To											*	•	<u>f</u>	
nt exceptions or comments, indic	cate type and											Vac	30	07/	7,5;

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oyee Name:		Sunday (03/07/10	Monday (3/08/10	Tuesday 0	3/09/10	Wednesday	03/10/10	Thursday (3/11/10	Friday 03/12	2/10
ue, Shirley	Day: In Out												
000	Lunch: Out – In			/									
yee Signature	Outside Duty: From – To		ATRICAL TOO										
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hi	Day: In – Out			6:45	2:45	6:45	2:45	6.45	2:45	EIN	·3:47	6:45	Lin
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yee Signature	Outside Duty: From – To							77	~	17.10	7~7	1/4 PU	100
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yee Signature nent exceptions or comments, ind	icate type and				I -								

Saturday 03/13/10

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's Signature:	<u> </u>							-	1 ' 25-		_	•			
ree signatures on this	time sheet certif	fy the emp	oloyee has	performe	d the work	associated	1 with the	_ lime	Log/Progr	am / Area:	Drug Ar	nalysis L	ab Bostor	1	· —
Name:						. •			Wee	k Ending:					
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00	In – Out	···		930	605	<u>.</u> .		945	605	957	1018		1 -	Saturda	iy
La Com?	Lunch: Out - In			1200	1250	1	1	1205	1255	1705	100	945	1	<u> </u>	ļ
Signature	Outside Duty: From – To									7203	100	12	1245	<u> </u>	-
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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Em	ployee:	isted Below	·	Employee	#: <u>Listel Belei</u> v
Department:	Drugh	<u>abozatozy</u>			
	U.	:: 3/13/10	, v		
# of hours re	_				
		npleted during reg	gular hours:	Significan	Backley of
Samples				0	V
/	-				· ·
Overtime is to		d at OT rate	added to con	np time balanc	e
OT Account:	8100-97	145			
Approval:		ri samunia contra manana samunia co a samunian	Canada dalah kanstanan annang-anag taga dana	ogodelmakerisen valkenmonner, er ett minet	o a esta en el cali semidente acado carrico de estudaden encese.
Supervisor:_	(Sa	Cem		Date	e: <u>3/9/10</u>
Department l	Head:	we has	n	Date	1
Denial reason	1:		V		
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lame	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
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KE PIED	138674	7,5 hes			
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1959411kis	147387	7.5/1ES			· · · · · · · · · · · · · · · · · · ·
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